

Ashbourne Medical Practice

Inspection report

Clifton Road
Ashbourne
Derbyshire
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Ashbourne Medical Practice on 8 February 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for all population groups.

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We rated the practice as **Requires Improvement** for providing safe services because:

- The practice building and environment was managed by the adjoining St Oswalds hospital however the practice did not always have the assurance that the building was fit for purpose.

- We found some systems ineffective at ensuring that medicines were in date and located in secure environments. We found bags of equipment and full sharps boxes which the practice were unaware of.
- The PGDs in use were not correctly signed.
- The practice's system for monitoring the cold chain did not assure that medicines were kept in optimum conditions and fit for use.
- There were not always comprehensive risk assessments to ensure that the practice complied with health and safety or infection prevention and control purposes.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).

In addition, the provider **should**:

- Review the practice's risk management systems for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.
- Review the systems and processes for learning, continuous improvement and innovation.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector, and included a GP specialist advisor and a practice manager specialist advisor.

Background to Ashbourne Medical Practice

Ashbourne Medical Practice provides primary medical care services to approximately 8,400 patients. The practice is based in a building in the centre of Ashbourne located at Clifton Road, Ashbourne, Derbyshire, DE6 1DR. The practice moved to the new purpose-built premises in

September 2010 and provides a dispensary as well as working space for associated health and social care professionals who operate from the premises.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community.

At the time of the inspection the practice had five GP partners (three female and two male), one salaried GP, two advanced nurse practitioners, two practice nurses, two healthcare assistants, three dispensers and a practice business manager. The team were supported by administration and reception staff.

The practice is located within the area covered by Southern Derbyshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice website provides information about the healthcare services provided by the practice.

The practice is open between 8am and 6.30pm on Monday to Friday and open until 8.30pm on Tuesday evenings. The practice was part of a GP federation where patients could access extended hours appointments each weekday until 8pm and from 10am-12pm on Saturday and Sundays.

When the practice is closed, patients are asked to contact NHS 111 for out-of-hours care or access out-of-hours hubs for appointments which are provided by DHU.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The arrangements for the safe management and storage of vaccines, emergency medicines and equipment were not always being managed safely. The internal monitoring of blank prescriptions required strengthening to ensure serial numbers were recorded when prescriptions were distributed internally within the practice. The systems in place for infection prevention and control did not provide comprehensive details to ensure any risks had been identified and risk assessed. The documentation of PGDs for nurses was not correctly signed and did not assure that the practice were aware of which staff were administering specific medicines. We saw evidence that the practice safeguarding protocol was not always being followed with evidence of some missing codes on patient's records.</p>